



## Motor Pool Operating Supplies & Maintenance Reimbursement Request

A \$12. Service Charge will be applied for all reimbursements.

### Vehicle Information

License Plate #: \_\_\_\_\_

GasCard #: \_\_\_\_\_

PIN #: \_\_\_\_\_

### Billing Information

DAS ID: \_\_\_\_\_

Fund: \_\_\_\_\_

Agency: \_\_\_\_\_

Org: \_\_\_\_\_

Appr. Unit: \_\_\_\_\_

Acty: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### Employee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Purchase Information

Date: \_\_\_\_\_

Station Name: \_\_\_\_\_

Station Location: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_

Purchase amount: \_\_\_\_\_

### Explanation of Purchase

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Attach receipt and mail to:

The Division of Fleet Operations  
4120 State Office Building  
Salt Lake City, Utah 84114-1117  
attn: Kelly Kay